Comprehensive Pain Institute

James Lin, M.D.
558 St. Charles Dr. Suite 110
Thousand Oaks, CA 91360
Tel: 805 557-7050
Fax: 805 557-4992

Medical Records Release

To: _____
_____
_____
_____

You are hereby authorized to release to:

James Lin, M.D.
558 St Charles Dr. Suite 110
Thousand Oaks, CA 91360
Tel: 805-557-7050
Fax: 805-557-4992

Information contained in your medical records in regard to my case, specifically including those marked below:

___MRI
___X-Ray
___CT scan
___History and Physical
___Lab results
___Progress notes
___Other
_____
_____+
_____
_____

Patients Signatures: _____

Patients Name: _____

Patients DOB: _____

Witness: _____

Date: _____